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CONFIRMATION NO. 4549

<b>SERIAL NUMBER</b> 10/623,488	<b>FILING OR 371(c) DATE</b> 07/18/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 5871-00101
<b>APPLICANTS</b> David A. Nelson, Austin, TX; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/401,914 08/08/2002 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 10/22/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>Frederick J. Stigall</i> 5/30/06 Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 37
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> Conley Rose, P.C. P.O. Box 684908 Austin, TX 78768-4908				
<b>TITLE</b> Catheter system and method for administering regional anesthesia to a patient				
<b>FILING FEE RECEIVED</b> 603	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	